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Taking female genital swabs

Demonstrated by Melanie Rogers, Senior Lecturer/Advanced Nurse Practitioner (Primary Care), University of Huddersfield and Emma Fawcett, Cervical Screening Mentor/Coordinator, NHS Kirklees, Calderdale and Wakefield

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Just over 8 per cent of young people aged 15 to 24 years, out of 1.7 million tested in 2013, tested positive for genital *Chlamydia trachomatis* (Public Health England, 2014a). This sexually transmitted bacterial infection is asymptomatic in 70 per cent of women, although it may cause vaginal discharge, post-coital bleeding, dysuria, lower abdominal pain, deep dyspareunia and cervicitis (Lazero, 2013). More than 50 per cent of men with chlamydia are asymptomatic when tested in community settings. Two-thirds of the sexual partners of people diagnosed with chlamydia also have this infection. If untreated, chlamydia infection can persist for years (Public Health England, 2014b). Complications of untreated chlamydia, such as infertility and pelvic inflammatory disease, are estimated to cost more than £100 million a year (Lazero, 2013).

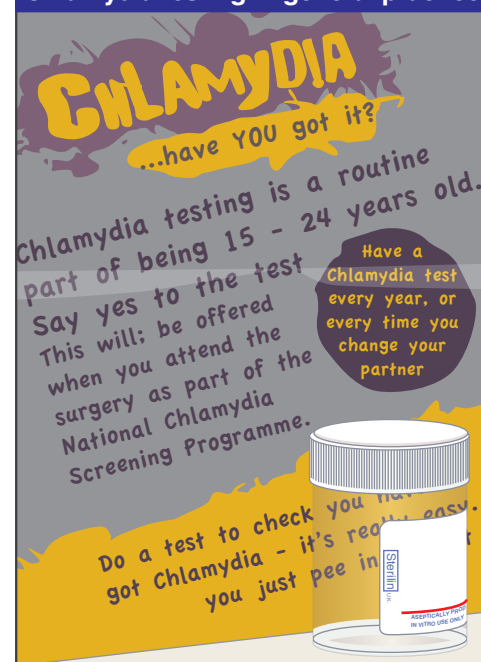
The National Chlamydia Screening Programme in England (Public Health England, 2013) encourages people who are sexually active and under 25 years old to have a test for chlamydia annually or following a change of sexual partner. To take the test, men need to provide a urine sample, and women need to either provide a urine sample or a swab from the vagina, which they may be able to do themselves (Health Protection Agency, 2012). A self-taken vulvovaginal swab is the preferred type of sample, as this provides more accurate results (BASHH, 2015). Women should be allowed to choose which test they have; vaginal examination should not be carried out for the sole purpose of obtaining a sample for chlamydia testing (Health Protection Agency, 2012). Collection of swabs during a vaginal examination may nevertheless be appropriate if the woman is already having this type of examination or if a sexually active woman presents in general practice with vaginal discharge (as her symptoms may be also be due to other sexually transmitted infection(s), such as gonorrhoea).

The type of investigation used to detect *C. trachomatis* on the swab is called a nucleic acid amplification test (NAAT). Because the test is very sensitive, it is very important to avoid contaminating the sample. Therefore, be very careful not to touch the swab and to avoid placing it on any surface before or after collecting the sample.

The pages below show how to collect cervical swabs for sexually transmitted infections, using "double swabs": a NAAT swab to test for both chlamydia and gonorrhoea and a charcoal swab to test for fungal and bacterial infections such as *Candida albicans* (thrush) and bacterial vaginosis. Follow local policy and practice. Depending on where you work, you may still be taking "triple swabs". In this case, first take an endocervical chlamydia swab (usually in a pink wrapper; this is not a charcoal swab), then take an endocervical sample using a charcoal swab to pick up gonorrhoea (label this as endocervical) before taking a third sample, using a charcoal swab (labelled HVS) to test for fungal and bacterial infections. Ensure that the swab is being taken at a time when it can be transported to the laboratory within the requisite time period.

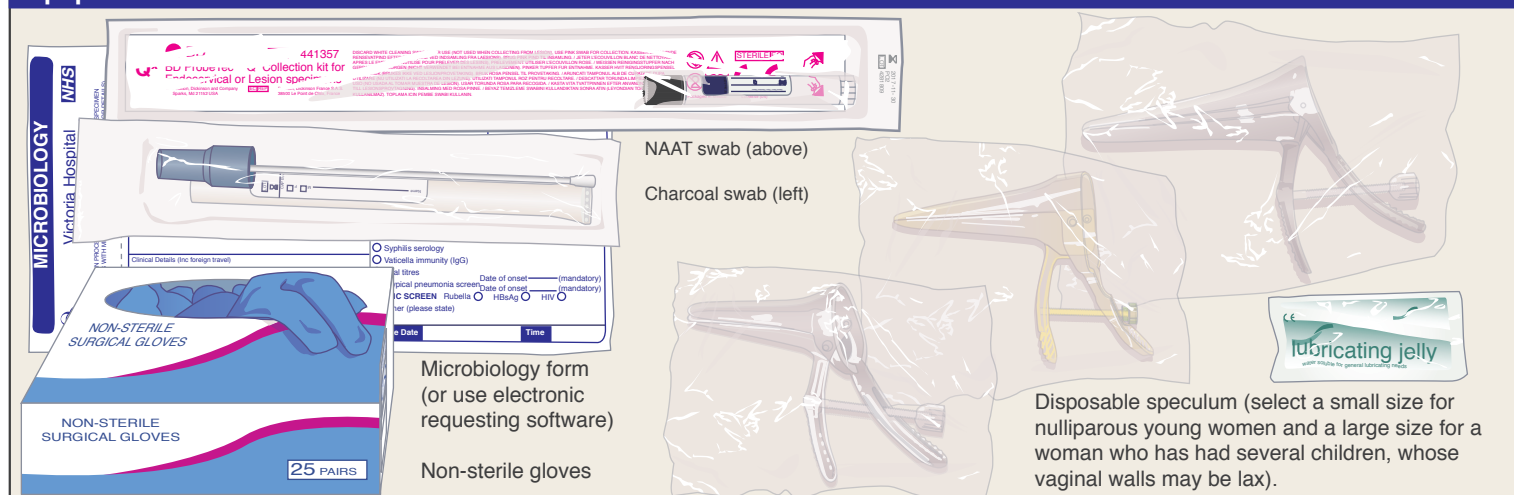
Before beginning the examination, explain the procedure to the woman and gain her consent. If the patient is under 16 years old, consider whether Gillick competence applies for children aged 13 to 15 (DH, 2009).

Chlamydia testing in general practice



Many practices offer a self-test for patients who are concerned that they might have chlamydia. The practice can publicise the test to patients by putting posters in the waiting room and the toilet, which explain how to get the test done, either by providing a urine sample or by self-collection of a vaginal swab, both of which can be handed in at reception or given to the nurse after completing the form.

Equipment



Select the swabs according to whether you are taking "double swabs" or "triple swabs" (see introduction). Check that the packaging on equipment is intact and that expiry dates have not passed.

Do not undertake or attempt any procedure unless you are, or have supervision from, a properly trained, experienced and competent person. Always first explain the procedure to the patient and obtain his/her consent, in line with the policies of your employer or educational institution.

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Take the patient's history



Ensure that you put your patient at ease, as she may feel anxious about having a vaginal examination. Introduce yourself and explain the procedure, then take a full sexual health history (see BASHH, 2013). Ask about sexual contact, heterosexual or homosexual, how many partners she has had and types of intercourse (vaginal, oral, anal). Has she had any vaginal discharge and if so, what colour was it? Was there any odour? Ask about bleeding patterns: does she have a normal regular menstrual cycle or irregular bleeding? How long is her cycle? (21 days to 35 days is the normal range.) Is there any bleeding between periods, or any postcoital bleeding? Is there any pain on intercourse (dyspareunia)? If so, is this superficial or deep? Has she had any abdominal pain? Has she noticed any unusual lumps on the labia?

Ask the patient to go to the toilet



Taking a cervical sample can be more uncomfortable if the patient has a full bladder, so ask your patient if she would like to visit the toilet before the examination.

Offer the patient a chaperone



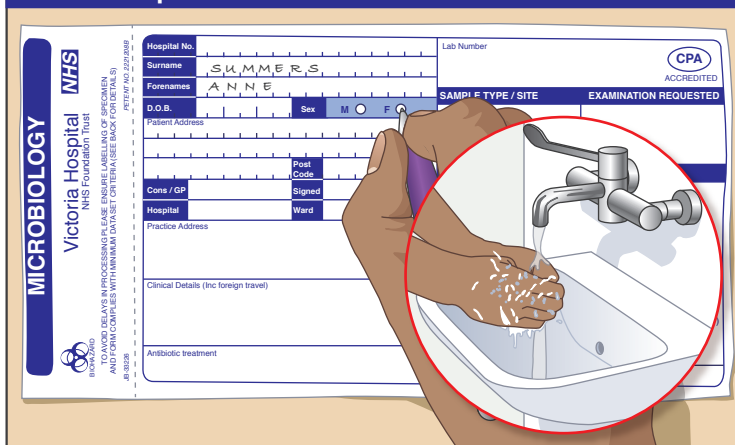
Ask the patient if she would like a chaperone. If she confirms that she is comfortable being alone in the room with you, ask her if she is happy for you to lock the door.

Patient position



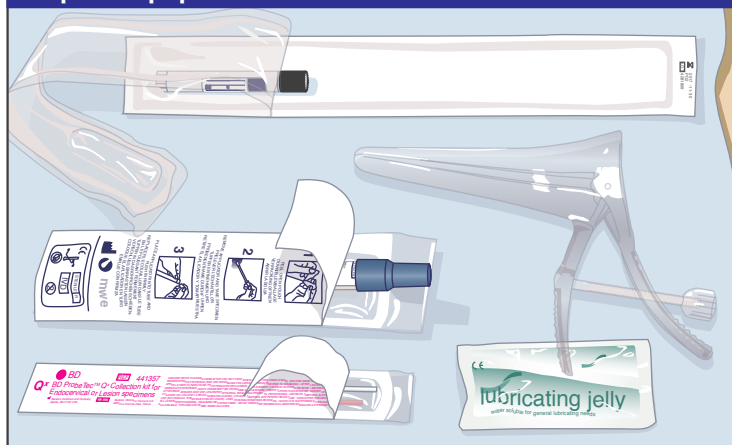
If available, draw the curtain to screen the patient as she undresses. Ask the patient to disrobe from the waist down. Offer the patient a disposable paper towel to protect modesty.

Fill in the specimen form



While the patient is undressing, prepare the microbiology form and equipment. Decontaminate your hands by washing with soap and water or applying alcohol-based gel to visibly clean hands. Place a paper towel on a suitable surface and select a suitably sized speculum.

Prepare equipment



Lay out equipment on the paper towel, using a non-touch technique to avoid contamination and risk of cross-infection. Open the tops of the swab packets, leaving them in the packaging as shown. Position the NAAT tube as shown so that you will be able to hold it in the wrapper later while removing the lid.

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Put on an apron and gloves



Put on an apron and gloves. Raise the bed to a suitable height.

Reassure the patient



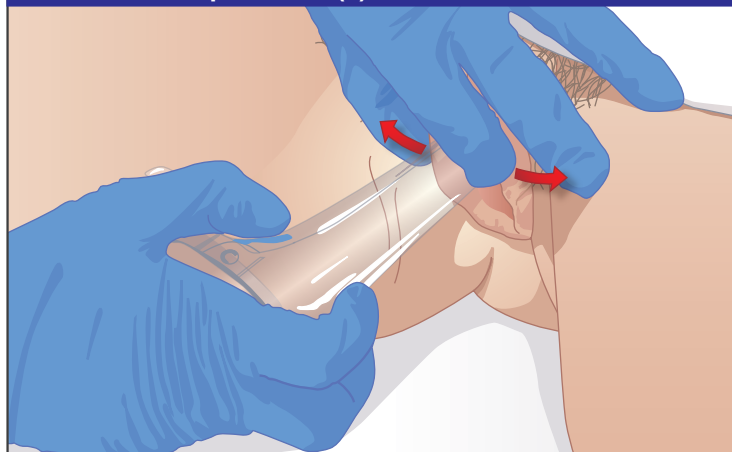
Explain to the patient that she is in charge of the procedure and that she can ask you to stop at any time. If she is in discomfort, you can pause to allow her to relax down onto the speculum, or alternatively, you can stop altogether.

Preparing the speculum



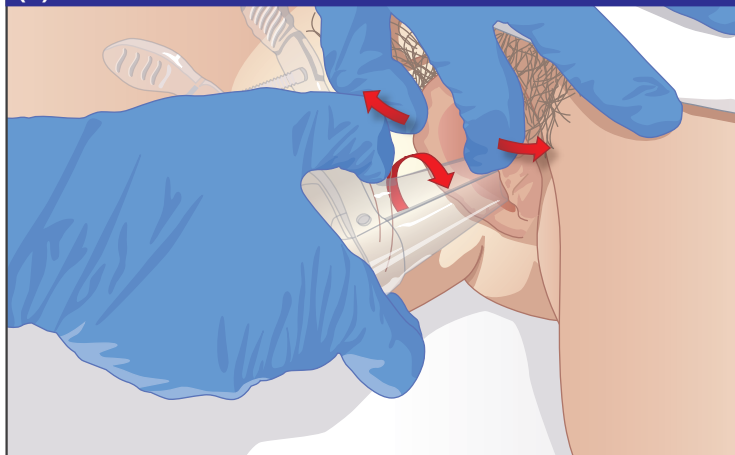
If using lubricating gel, open the sachet. Warm the speculum if necessary, by holding it under a warm running tap. If using gel, avoid getting this on the tip of the speculum (inset), as this can affect the results. Smooth the gel over the front and back of the speculum.

Introduce the speculum: (a)



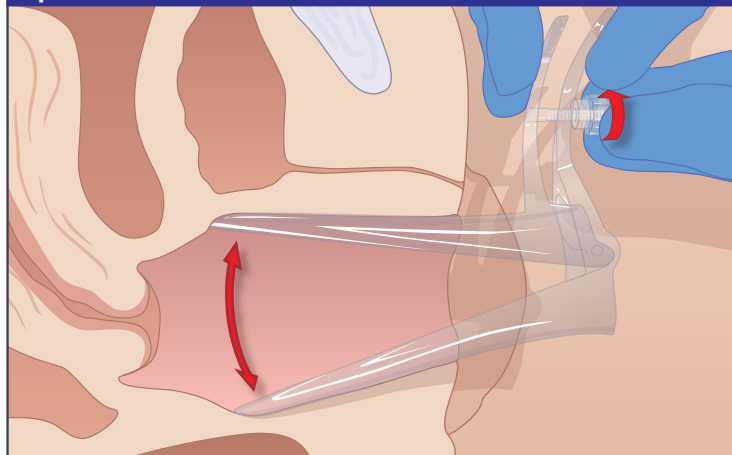
Adjust the light source to illuminate the vulva. Separate the labia and insert the speculum sideways into the vagina.

(b)



Aiming for the small of the back, gently push the speculum into the vagina until you meet some resistance, rotating it as you go until the handles are vertical. Avoid touching the clitoris with the handles.

Open the blades

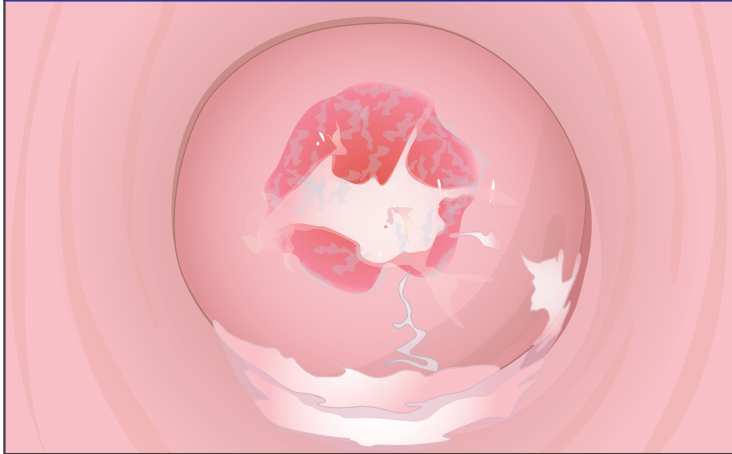


Gently squeeze the handles together to open the blades of the speculum. Turn the screw clockwise to secure the blades into an open position. You should not need to leave the room or the patient. However, if this is necessary, first remove the speculum.

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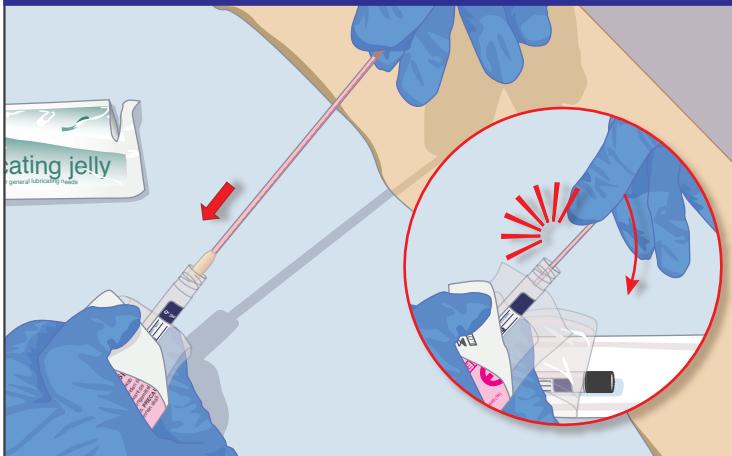
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Identify the cervix



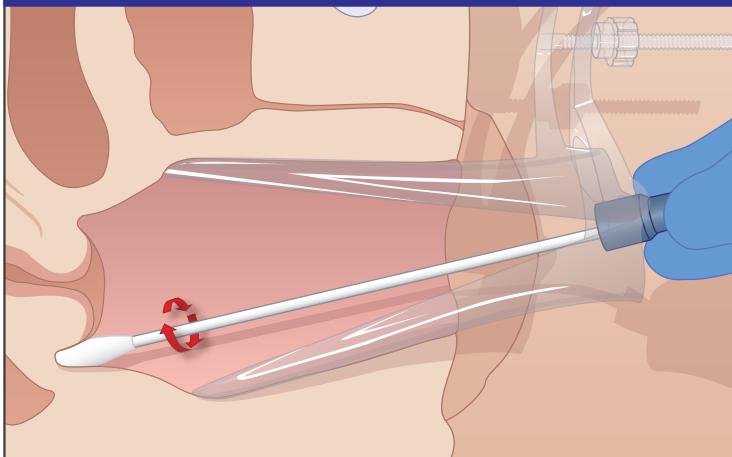
Adjust your light source and identify the cervix. Note any abnormalities. Look to see if there is any pooling of discharge in the posterior fornix. To avoid potential contamination, always take the NAAT swab first, before any other contact with the cervix. You can use the white swab from the NAAT packet to remove any excess discharge, if you cannot visualise the cervical os.

Insert the swab into the diluent tube



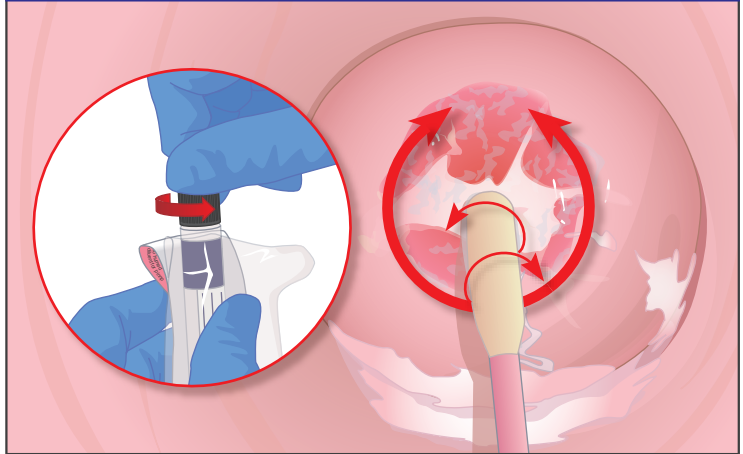
Immediately place the swab in the tube, snap off the handle and screw the lid back on with your dominant hand. This method helps to avoid contamination of the swab and allows you to handle the main part of the tube after taking your gloves off, without risk of contamination with the patient's body fluids.

Rotate the charcoal swab



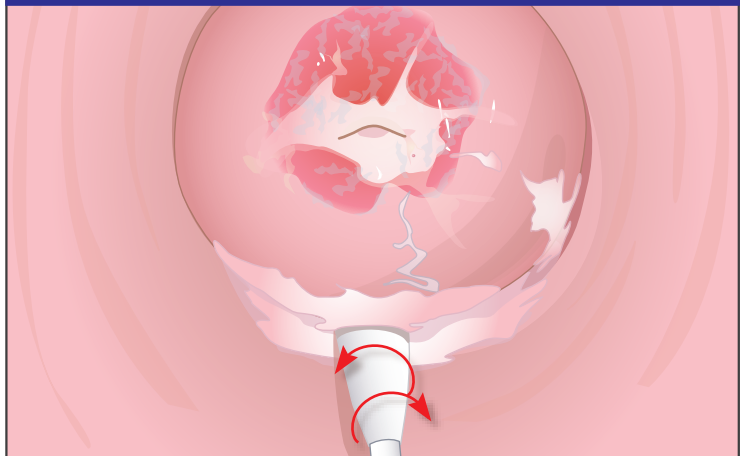
Rotate the swab for 10 seconds, or for the length of time recommended in the manufacturer's instructions.

Introduce the NAAT swab first



Holding the NAAT tube in its wrapper in your non-dominant hand, unscrew the lid and put the lid down. Still holding the tube in your non-dominant hand, use your dominant hand to remove the pink swab from the wrapper and insert it into the endocervix by about 5 mm. Rotate the swab for 10 seconds to collect any discharge. Follow the manufacturer's instructions.

Next, introduce the charcoal swab



Secondly, use the charcoal swab. Hold the tube for the charcoal swab in its wrapper in your non-dominant hand; unscrew the lid to remove the swab. Insert the swab into the posterior fornix, where discharge frequently pools.

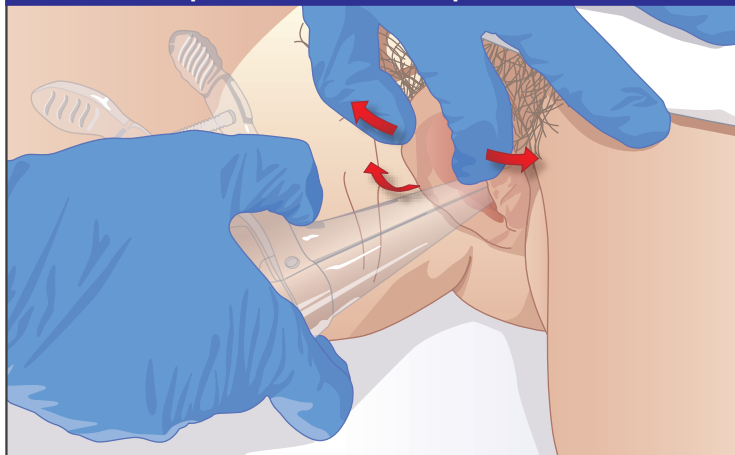
Insert the second swab into the diluent tube



Replace the swab into the diluent tube and screw on the lid using your dominant hand. This method helps to avoid contamination of the swab and allows you to handle the main part of the tube after taking your gloves off, without risk of contamination with the patient's body fluids.

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Remove the speculum as soon as possible



Gently and slowly remove the speculum from the patient, taking care not to trap the vaginal wall between the blades as you close the speculum.

Maintain the patient's dignity



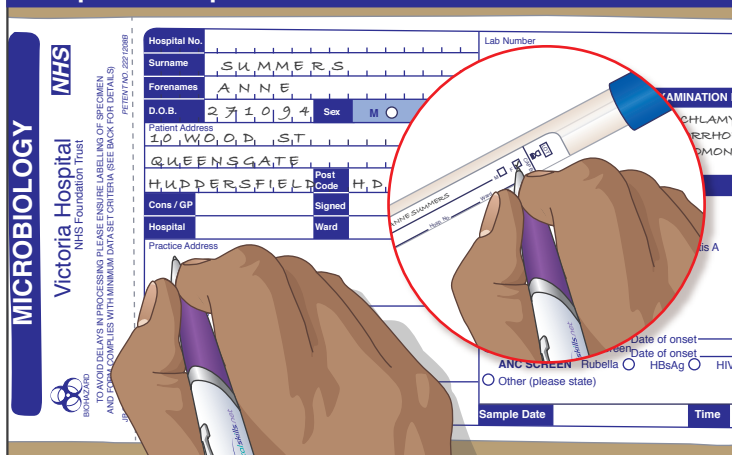
Lower the bed, assist the patient to stand (if necessary) and allow her to dress, ideally in private. Maintain the patient's dignity: offer her a paper towel to wipe herself, if required, and show her how to dispose of the paper.

Dispose of equipment and wash your hands



Dispose of equipment and wash your hands.

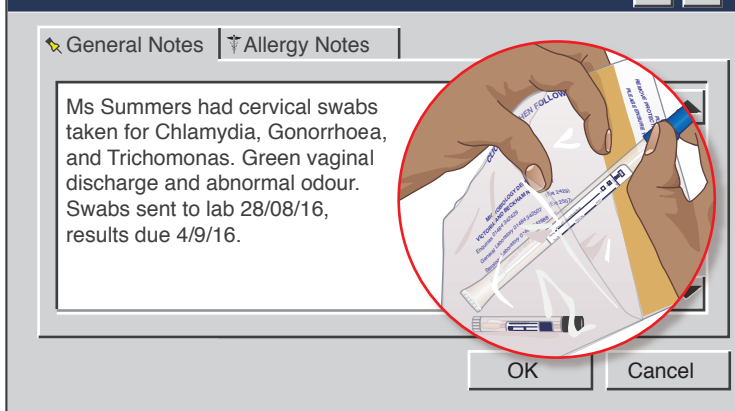
Complete the specimen form



Check that the labels on the tubes are correctly filled out. Complete filling out the form, whether paper form or ICE form. Ensure delivery to the laboratory on the same day if possible, or as soon as possible.

Complete other documentation

Patient Notes



In the patient's notes, document the sites swabbed and the date, so that you know when to expect the results. Alternatively, complete the practice template. Tell the patient how to obtain her results: she may need to call the surgery after a week, or may receive a letter within 2 to 3 weeks, depending on local policy. If her swabs were taken as part of the National Chlamydia Screening Programme, she will receive her results via text. Place both specimen tubes in the bag attached to the back of the specimen form and seal the bag.

Discuss future treatment with the patient



Explain to the patient that if an infection is present, she will need to be prescribed the appropriate treatment. Initiate contact tracing according to local policy. The patient may need a further test after completion of treatment, to ensure that the infection has been eliminated. Provide information on safe sexual practices and condoms according to local policy.

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